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CONFIRMATION NO. 7246

<b>SERIAL NUMBER</b> 10/727,986	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> A9020
<b>APPLICANTS</b> Paul Gilson, Moycullen, IRELAND; David Vale, Clontarf, IRELAND; Eamon Brady, Elphin, IRELAND; <i>Three PA</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/676,468 10/02/2000 PAT 6,752,819 which is a CON of PCT/IE99/00021 04/01/1999 <i>Yes PA</i>				
<b>** FOREIGN APPLICATIONS *****</b> IRELAND 980242 04/02/1998 <i>yes PA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/22/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>PA</i> Acknowledged <i>PA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23373				
<b>TITLE</b> Delivery catheter				
<b>FILING FEE RECEIVED</b> 1800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	